



## Dog Registration

### **Basic Information**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Approximate Date of Birth: \_\_\_\_\_

MALE  FEMALE  SPAYED  NEUTERED If not spayed, approximate heat date: \_\_\_\_\_

If over 7 years old, does your dog require special handling? \_\_\_\_\_

Pet's collar color: \_\_\_\_\_

ID Tags:  Yes  No

Favorite toys and special treats: \_\_\_\_\_

### **Behavioral Information**

Is your dog good with young children? \_\_\_\_\_

Does your dog like to be around other dogs? \_\_\_\_\_

Does your dog like to be around people and/or strangers? \_\_\_\_\_

In regards to people, is your dog better with?  MALES  FEMALES  BOTH

Has your dog ever bitten an animal/human? If yes, please explain: \_\_\_\_\_

Check all that apply  PLAYFUL  NON-ACTIVE  SHY/TIMID  AGGRESSIVE/MAY BITE

Is your dog a fence climber or escape artist? If yes, please explain: \_\_\_\_\_

Does your dog experience separation anxiety, fear of thunderstorms, or any other significant fear? If yes, please explain: \_\_\_\_\_

What commands does your dog respond to? \_\_\_\_\_

### **Pet Care/Feeding Information**

Brand of Pet Food Used: \_\_\_\_\_

If your dog runs out of his/her food may we feed ours (Nutro Wholesome Essentials Adult Lamb & Rice)?  YES  NO

How often do you feed your dog:  ONCE/DAY  TWICE/DAY

How much do you feed per meal? \_\_\_\_\_

If you feed once per day, when do you feed:  IN THE MORNING  IN THE EVENING

If lodging multiple dogs together, do we need to separate them to eat?  YES  NO

May pet sitter give your pet treats?  Yes  No

### **Medical Information**

Veterinarian we will use in case of emergency is:

Sanford Animal Hospital 200 W Seawell St, Sanford, NC 27332 \*\*Please see additional veterinary release form

Does your dog have a Microchip?  No  Yes # \_\_\_\_\_

Dog is currently vaccinated with the following vaccines:  Rabies  DHLPP  Bordetella (Kennel Cough)

Has your dog been sick in the past 30 days? If yes, please explain: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

What flea/tick prevention do you use? (Any pet arriving with fleas or ticks will be treated with Capstar or Advantus and a will be given a bath) \_\_\_\_\_

Is your dog on any medications?  YES  NO

Please describe your dog's general health (Include any current OR PAST medical problems): \_\_\_\_\_